

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 4-23-02 through 4-26-02.
- b. The request was received on 8-6-02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Preauthorization letter dated 3-29-02
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Preauthorization letter dated 3-29-02
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 9-16-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 9-17-02. The response from the insurance carrier was received in the Division on 9-19-02 . Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: Letter dated 9-9-02:  
“THE ABOVE NAMED PATIENT ATTENDED A PREAUTHORIZED/TWCC DESIGNATED DOCTOR ORDER/RECOMMENDATION (10 DAYS) MULTIDISCIPLINARY CHRONIC PAIN PROGRAM FROM APRIL 15, 2002 THROUGH APRIL 26, 2002. IN FILING THE HCFA CLAIM FOR PAYMENT FOR SERVICES RENDERED THE CLAIM WAS DENIED DUE TO NO PREAUTHORIZATION. DATES OF SERVICE APRIL 15, 2002 THROUGH APRIL 22, 2002, HAVE BEEN PAID DUE TO MEDICAL NECESSITY AND THE ABOVE PREAUTHORIZATION. THE PREAUTHORIZATION WAS GIVEN TO MY OFFICE ON MARCH 29, 2002. AT THIS TIME THE STAFF AND THE QUORUM OF PATIENTS (YOU CANNOT HOLD A PROGRAM WITH ONLY ONE PERSON) OF THE PAIN PROGRAM ARE INFORMED OF A START DATE. THE START DATE OF THE PAIN PROGRAM WAS APRIL 15, 2002. THE 10 DAYS ATTENDED OF THE PAIN PROGRAM FOLLOWED THROUGH APRIL 26, 2002. TO GIVE A PREAUTHORIZATION WITH A WINDOW OF 2 WEEKS IS UNHEARD OF AND IMPOSSIBLE TO MAKE ARRANGEMENTS FOR ALL PRINCIPLES INVOLVED, TO MAIL OUT LETTERS TO PATIENTS SO THEY CAN MAKE ARRANGEMENTS PERSONALLY SO THEY WILL BE AVAILABLE FOR THE DATES ABOVE. THE SERVICE WAS PREAUTHORIZED FOR 10 DAYS AND THE REASONABLE PERIOD OF TIME AND SHOULD BE REIMBURSED FOR PREAUTHORIZED WORKER’S COMP SERVICES PROVIDED.”
2. Respondent: Letter dated 9-5-02:  
“On March 29, 2002, a chronic pain program was pre-authorized for five days a week for (2) weeks to be completed by April 19, 2002. **The carrier paid for this service 4/15/02 to 4/19/02.** The week of 4/22/02 to 4/26/02 was not paid as **it was not pre-authorized.** Approval was sought for additional four weeks, and denied. Independent Review Incorporated’s [sic] decision was that the claimant had no documented benefit from the program she had already participated in. The carrier’s position is that pre-authorization was given for two week [sic] of pain management on March 29, 2002 to be completed by April 19, 2002, and carrier has paid for what was pre-authorized, and no further payment is due.

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 4-23-02 through 4-26-02
2. The carrier denied the billed services as reflected on the EOBs as “A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED”; “O – DENIAL AFTER RECONSIDERATION. PREAUTHORIZATION VERY SPECIFIC. IT IS THE REQUESTOR’S RESPONSIBILITY TO REQUEST AN EXTENSION IF NECESSARY AND IF AUTHORIZED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
4-23-02 4-24-02 4-25-02 4-26-02	97799 CP 97799 CP 97799 CP 97799CP	\$1050.00 \$ 900.00 \$ 900.00 \$ 900.00	\$-0- \$-0- \$-0- \$-0-	A A A A	DOP	TWCC Rule 134.600 (f) (5) (B)	The Carrier has denied the disputed dates of services as not preauthorized.  Rule 134.600 (f) (5) (B) requires that a preauthorization approval include the "number of health care treatments and/or the specific period of time approved...". The Rule does not support that a carrier can dictate what calendar days the claimant has to attend the program.  Therefore, reimbursement is recommended in the amount of \$3,750.00.
<b>Totals</b>		\$3,750.00	\$-0-				The Requestor <b>is</b> entitled to reimbursement in the amount of <b>\$3,750.00</b> .

The above Findings and Decision are hereby issued this 14<sup>th</sup> day of January 2003.

Lesia Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$3,750.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14<sup>th</sup> day of January 2003.

Carolyn Ollar  
Medical Dispute Resolution Officer  
Medical Review Division